В.

President

District:

age# 20933300079							
SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 116 (check only one)					
TEMIZED DISBURSEMENTS		21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the name of the commercial purposes.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (U	nited for Health)						
Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin Mailing Address 222 W. Washington Ave	enue, Suite 15		Transacti Date of D		ent	5 2 0 0 8	Y
City Madison Purpose of Disbursement	State Zip Code WI 53703		Amount o	f Each Dis	sbursemer 50	t this Pe	eriod
Federal Account Candidate Name		011 Category/ Type					
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		Federal A	Account			
Full Name (Last, First, Middle Initial) Republican Party of Wisconsin			Transacti Date of D		ent		y l
Mailing Address 148 East Johnson Stree	t		1 0	0 9	2	8 0 0	
City Madison	State Zip Code WI 53703		Amount o	f Each Dis	sbursemer		eriod
		011			50	00.00	
Candidate Name		Category/ Type					
Office Sought: House Disburs Senate	ement For: Primary General		Federal A	Account			

SUBTOTAL of Disbursements This Page (optional)		10000.00		
TOTAL This Period (last page this line number only)	•	17000.00		

Other (specify)

State: